



Wisconsin Recovery Implementation Task Force • 1 West Wilson Street, Room 951 • PO Box 7851 • Madison, WI 53707-7852

Recovery Implementation Task Force

Friday, July 17, 2020

12:30pm - 3:30 p.m.

Zoom Meeting link: <https://dhs.wi.zoom.us/j/7047748498>

Or by phone: 312-626-6799, Meeting ID 7047748498#

Notes:

Lynn McLaughlin, Joann Stephens, Chrissy Barnard, Arah Schmidt, Tim Saubers, Scott Webb, Joan Sternweis, Cory Flynn, Danielle Grahamh-Heine, Kyle Wicks, Kevin McGettigan, Maria Hanson, John Holzschuh, Amanda McKaig, Meagan Sulikowski, Theresa Kuehl, Corbi Stephens, Laleña Lampe

A. 12:30 p.m. Welcome and Introductions - Can we reimburse people for data charges if they don't have unlimited internet / wifi / data? Joann will check with IT and management at DHS to see if this is an option. All introduced themselves.

B. 12:35 p.m. Announcements- Reminder to staff to use calendar appointments for these meetings so members have the ability to click to join. NE WI has funding to provide E-CPR training- she will send info to Joann. Joyce Allen is retiring from DCTS- huge champion of peer stuff for many years. Her impact on the development of recovery & peer services cannot be measured. Do we want to gather some stories and messages for her from current and past members? Yes. Joann, Laleña, Corbi & Maria will help. Paul Anderson has stepped down in order to run his business that has taken off. He was co-chair of the RITF and the PQRE and needs to be replaced. It's an 1.5 hour extra meeting on the opposite months of the RITF to do the Ex. Comm. The PQRE appointed Arah Schmidt as the new co-chair. Tim-CPPS training is accepting applications and CPS trainings x2 are accepting applications. ATI is seeking applications for CPS and CPPS trainers. Tim Saubers is interested in running for co-chair of the RITF. IPS online conference is October 14th and will be free this year. August 13-14 is the Peer Recovery conference, \$50 and it's an online conference. NAMI Conference has been cancelled.

C. 12:40 p.m. RITF Mission / Bob Rules of Order / Meeting Guidelines - mission statement still says substance abuse instead of use and needs to be updated per RITF vote at a prior meeting. Joann will fix.

D. 12:45 p.m. Review minutes from last meeting- Joan motion, Chrissy 2nd. All approved.

E. 12:50 p.m. Committee Reports

- i. Executive Committee
- ii. Membership Committee In need of co-chairs. Focus on equity and empowerment. How do we get out into communities instead of asking people to come to us all the time? The group is seeking groups to meet and partner with that we can go to. The RITF has learned that an email inviting them to come to us is not all that effective. We need to go into the community and join with groups. Amanda McKaig is interested in being a chair for this committee. Tim stated that we are putting the cart before the horse and need to do more

introspection about our work and culture. We need to consider equity and inclusivity into each and every piece of what we do. There is an array of values and perspectives on this.

1. Co-Chairs are needed for the committee- Amanda
 2. Discuss outreach to marginalized communities- see above
- iii. Program Review & Quality Enhancement (PRQE) Committee- Requesting support for telehealth expansion to audio only access. New expansion policy does not include audio only from Medicaid. Would like to see RITF partner with Resilient WI or another group to share experience with dealing with isolation, depression, SUD, etc. possibly for the first time due to C-19. Peer have learned to navigate these experiences long before C-19 and have lots of tips & recovery expertise suggestions to share. We can speak with Jason Cram about this. Scott Webb will work on this topic as he's updating some stuff for Resilience WI right now anyway. Next meeting- looking at Spoke & Hub SUD stuff and the Bucket Approach stuff for smoking cessation using trained CPS. Michelle Uetz today spoke about being an independent CCS contractor.
 - iv. Training and Education (TE) Committee - GAPS study discussion and 4 areas of focus. Looking at bringing the Speakers Bureau back for CPS. Having presentation at next meeting for Implementation Science. Looking at Hx of the speakers bureau for lessons learned. Looking at all of it through the equity and inclusion lens.
 1. Co-Chair is needed for the committee
 2. Discuss BPTR Approval of CPS Best Practices

F. 1:20 p.m. Discuss Racial Equity & RITF Role - DHS / DCTS is doing 'Open Space' discussions around what's happening in our world around racial justice & equity issues. We are also looking across the State at policies and practices that have positive or negative impact on marginalized communities. For example- new agencies must have thousands of \$\$ to start as it takes 3 months of expenses in the bank to be able to start a new agency. It's like you already need to be fully established before you can be eligible to start. The system as a whole has done harm and we need to identify and fix it. The RITF can make recommendations that help DHS change the practices long-term. We need to learn from our history and move forward in a more productive manner. Taking responsibility is the first step to repairing damaged relationships... Causing no more harm is next. We are missing lots of data even with in the CPS world that measures our inclusiveness and equity. We had lots of discussion about the harm caused by CPSs and RITF and what we can do to address it. Change the mission statement & charge to increase focus on inclusion & equity.

G. 2:00 p.m. Break

H. 2:10 p.m. Mindfulness

I. 2:15 p.m. Discuss GAPS Study and RITF next steps- committees are including GAPS material into their work. What is anything can/should the full RITF do with this? There are some CPS specific items that Joann will bring to the CPSAC to consider. Telehealth expansion is a key to many identified issues from the GAP study. Access to services is critical and telehealth can solve many issues although we still need to deal with broadband issues in the rural parts of the state. There is definitely discussion about keeping at least some telehealth options available post C-19. Where can peers fill in some of the identified gaps? How can our system expand to honor what works in different communities- e.g. traditional tribal practices VS psychiatry. Our system only really values the psychiatry. There is a forced assimilation to anyone who wants to be a specific provider type that doesn't value other knowledge. Danielle shared that CCS allows for the non-traditional practices. Tim- not everyone is in CCS. Everyone is to be offered what works for them. We also need to consider practical elements like thinking about needs like stable safe housing, etc. to help people. We all need to be cautious about how we are approaching things as values are not in lock step. Maria talked about people who might have some racist thoughts- Tim stated that if

you are a CPS you are agreeing to very specific values about people in general. Kevin- we have to believe that different things work for different people. Traditional healing works for many people. We need to keep person-centered approach is paramount. There is a systemic block to people who don't meet the norm. Next steps: write a letter regarding the low reimbursement rates for providers? Why is the reimbursement rate so much higher in Minnesota VS Wisconsin? We might need to research on what determines reimbursement rates? Should we speak with WI Counties Association for info? Todd Campbell is on that group and might give some direction.

J. 3:15 p.m. Recap action items – identify and list who is doing what. Want to learn more about telehealth, mission statement etc. review, discussion on sharing coping skills with the general population in partnership with Resilient WI or other groups? Discussion on community groups that the RITF might want to approach.

K. 3:20 p.m. Next agenda items/ public comment- look at the mission, vision & charge of the RITF to update to include equity & inclusion in a more direct manner. John Holzschuh plans to apply to become a full member again and appreciates being here.

L. 3:30 p.m. Adjourn

ToDo: Lalena to dig out Co-Chair RITR application process and materials and send to Joann.

Contact Staff Person for RITF: Laleña Lampe- Lalena.lampe@dhs.wisconsin.gov or 608-266-2476 (Office), 608-669-3857 (Cell)
Contact person for RITF Support: Joann Stephens, Joann.Stephens@wisconsin.gov, or 608-266-5380 (office) or 608-405-2569 (cell)

Note: Please refrain from wearing perfumes or scented products to accommodate those with chemical sensitivity or environmental illness, and refrain from flash photography without permission of all present to accommodate those with seizure disorders.

Accessibility: This meeting is accessible to people with mobility impairments. People needing accommodations to attend or participate in this meeting please notify the contact person five days prior to the meeting.

Recovery Implementation Task Force Mission Statement

To transform Wisconsin mental health and substance abuse services to embody recovery, hope, dignity and empowerment throughout the lifespan, in partnership with the DHS-DCTS-BPTR.